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Invoice ID: 2265337**Created on 10/14/2015 3:13 PM****Last updated on 12/4/2015 5:02 AM**

Applicant Form Identifier Bear2014

Block 1: Header Information

Need Help?

1. Billed Entity Name MARSHALL CO MEMORIAL LIBRARY	2. Billed Entity Number 128235	3. Service Provider Identification Number (SPIN) 143004824
4. Contact Name Jennifer Pearson		
5. Contact Telephone Phone (931) 359-3335		
Contact Fax (931) 359-5866		
Contact Email mcmlib@bellsouth.net		

**6. Total Reimbursement
Amount**
(total from Block 2, Column 14)
\$ 4074.7

Block 2: Line Item Information Per Funding Request Number

Need Help?

7. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	Approval Status
1) 1006789	2876678	7/1/2014		\$ 2939.40	80	\$ 2351.52	CANCELED
2) 1006789	2756644	7/1/2014		\$ 2871.96	60	\$ 1723.18	CANCELED

Block 3: Billed Entity Certification

Need Help?

Contact Information for Billed Entity Authorized Person:

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

Submission Date 11/25/2015

17. Name JENNIFER PEARSON
18. Title/Position DIRECTOR
20. Address 1 310 FARMINGTON PIKE
Address 2
City LEWISBURG
State TN
Zip Code 37091 -

19. Phone Number (931) 359-3335
19a. Fax Number (931) 359-5866
19b. Email MCMLIB@BELLSOUTH.NET
19c. Name of Authorized Person's Employer Marshall County Memorial Library

Block 4: Service Provider Acknowledgment

Need Help?

Contact Information for Service Provider Authorized Person:

Submission Date 11/30/2015

23. Name	Jane Rice	25. Phone Number	(800) 759-8195
24. Title/Position	Customer Advocate	25a. Fax Number	(800) 443-4757
26. Address 1	444 Michigan Ave	25b. Email	jr3127@att.com
Address 2	Fir 2	25c. Name of Authorized Person's Employer	AT&T
City	Detroit		
State	MI		
Zip Code	48226 -		

27. Applicant Remittance Information

Name Jennifer Pearson
Title/Position Director
Phone Number (931) 359-3335
Address 1 310 Farmington Pike
Address 2
City Lewisburg
State TN
Zip Code 37091

Additional Comments: